

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS146S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2009
NAME OF PROVIDER OR SUPPLIER ST JOSEPH TRANSITIONAL REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2035 W. CHARLESTON BLVD. LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure resurvey conducted in your facility on June 10, 2009, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>Note: Per Nevada Revised Statutes (NRS) 439.200.3 The State Board of Health may grant a variance from the requirements of a regulation if it finds that:</p> <p>(a) Strict application of that regulation would result in exceptional and undue hardship to the person requesting the variance; and</p> <p>(b) The variance, if granted, would not:</p> <p>(1) Cause substantial detriment to the public welfare; or</p> <p>(2) Impair substantially the purpose of that regulation.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies have been identified:</p>	Z 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z251	Continued From page 1	Z251		
Z251 SS=D	<p>NAC 449.74473 Program for Control of Infections</p> <p>2. The program must:</p> <p>(a) Be designed to provide a safe, sanitary and comfortable environment and to prevent the development and transmission of disease and infection.</p> <p>(b) Include procedures for the investigation, control and prevention of infections in the facility.</p> <p>(c) Establish the procedures that will be followed if a patient becomes infectious, including, without limitation, the circumstances under which a patient may be isolated. A facility shall isolate any patient if required to prevent the spread of infection.</p> <p>(d) Provide for the maintenance of records of infections and the corrective actions taken when infections occurred.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure preventive measures to limit the possible transmission of infections.</p> <p>Findings include:</p> <p>1) Resident Rooms #304 and #315 had air concentrators with unclean filters.</p> <p>2) The facility had a stored cart on the 100 Hall corridor that housed an ice chest half filled with ice and an empty water cooler. The cart was observed near the 100 Hall nurse station on the afternoon of 06/10/09. Two nursing staff were interviewed concerning the cart. The nursing staff indicated that the cart was placed at this location routinely and nursing staff would distribute ice from the ice chest to the residents.</p> <p>The cart was observed throughout the afternoon</p>	Z251		

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Z251	Continued From page 2 of 06/10/09, as being unattended. The ice chest was accessible by all. Severity: 2 Scope: 1	Z251		
Z492 SS=F	NAC 449.74541 Standards for Construction 1. The state board of health hereby adopts by reference: (c) Guidelines for Design and Construction of Hospital and Healthcare Facilities, in the form most recently published by the American Institute of Architects, unless the board gives notice that the most recent revision is not suitable for this state pursuant to subsection 2. A copy of the guidelines may be obtained from the Rizzoli Bookstore, 1735 New York Avenue, N.W., Washington, D.C. 20006, or by telephone at (800) 242-3837, for the price of \$60, plus \$5.00 for shipping and handling. This Regulation is not met as evidenced by: The current edition of the American Institute of Architect, "Guideline for the Design and Construction of Hospitals and Health Care Facilities" is the 2006 edition. This REG is not met evidenced by: Section 4.1-4.1 Resident Living Areas. Based on observation, the facility failed to ensure that adequate dining and activities space was available for residents. Findings include: Twenty-nine (29) square feet per bed must be available for both dining and activities space.	Z492		

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Z492	Continued From page 3 The facility has 100 beds and therefore needs at least 2900 square feet. The available activities space was 1426 square feet and the available dining space was only 362 square feet for a total of 1788 square feet. This issue is a repeat deficiency. This issue was first identified 05/14/07, after the facility converted the main dining room into a rehabilitation room without notifying and obtaining approval from the Bureau of Health Care Quality and Compliance (BHCQC). The facility had procrastinated in its response to provide a credible Plan of Correction (POC), resulting in another survey being conducted 12/18/08. The facility's submitted POC for the 12/08/08 survey was received 02/18/09, with an allegation of compliance of initiating a correction in approximately 90 days (05/18/09). As of 06/29/09, the corrective action had NOT been initiated by the facility. Severity: 2 Scope: 3	Z492			
Z501 SS=F	NAC 449.74543.2(a) Compliance with Standards of Construction 2. Except as otherwise provided in this section: (a) A facility for skilled nursing shall comply with the provisions of the NFPA 101: Life Safety Code, adopted by reference pursuant to section 2 of this regulation. This Regulation is not met as evidenced by: This REG is not met as evidenced by:	Z501			

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Z501	<p>Continued From page 4</p> <p>1) (K077) NFPA 99 Gas and Vacuum Systems (Nursing Home Requirements).</p> <p>Based on observation, interview, and document review, the facility failed to ensure that the medical gas systems were in compliance with the installation requirements.</p> <p>Findings include:</p> <p>The facility expanded its medical gas (oxygen) system to accommodate for 33 residents who need to be sustained by electrical life support equipment.</p> <p>The facility did not provide evidence the piped-in medical gas system conformed to Level 1 system. No plans, approvals, inspections reports were available for review.</p> <p>The Maintenance Director and the Administrator indicated that they did not make efforts to contact the Bureau of Health Care Quality and Compliance (BHCQC) regarding the expansion of the medical gas system(s) and resident services within the facility.</p> <p>Note: The facility did get the system certified by a third party medical gas installer/tester to assure that the system was safe relative to his installation and testing.</p> <p>2) (K106) Essential Electrical System.</p> <p>Based on observation, interview, and document review, the facility failed to ensure that the emergency electrical system was in compliance with the level of protection required.</p>	Z501			

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Z501	<p>Continued From page 5</p> <p>Findings include:</p> <p>The facility had admitted and retained 33 residents who need to be sustained by electrical life support equipment (ventilator residents), requiring a Type 2 essential electrical system.</p> <p>1) The facility does not meet the requirements of a Type 2 essential electrical system evidenced by the lack of separation of the emergency system.</p> <p>2) Verification of the other Type 2 requirements related to the NFPA 99 could not be established by the facility. No plans, approvals, inspections reports were available for review.</p> <p>The Maintenance Director and the Administrator indicated that they did not make efforts to contact the BHCQC regarding the expansion of the medical gas system(s) and resident services within the facility.</p> <p>3) (K140) Master Panels for Medical Gas Systems.</p> <p>Based on observation, the facility failed to ensure that the master medical gas panel was installed where required.</p> <p>Findings include:</p> <p>1. The facility has two medical gas panels, one located at the 100 Nurse Station and another located at the 200 Nurse Station. Both of these panels are located where continuous surveillance is available most of the time. It was observed that both of these locations did not have staff in attendance at all times.</p>	Z501		

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Z501	Continued From page 6 2. The facility did not have a master panel located in the principle working area of the individual responsible for the maintenance of the medical gas system(s). Severity: 2 Scope: 3	Z501		
Z5015 SS=F	449.74543.2(b) Plans Submittal 2. Except as otherwise provided in this section: (b) Any new construction, remodeling or change in use of a facility for skilled nursing must comply with Guidelines for Design and Construction of Hospital and Health care Facilities, adopted by reference pursuant to:section 2 of this regulation, unless the remodeling is limited to refurbishing an area within the facility, including, without limitation, painting the area, replacing the flooring, repairing windows, or replacing window and wall coverings. This Regulation is not met as evidenced by: This REG is not met as evidenced by: 1) (K077) NFPA 99 Gas and Vacuum Systems (Nursing Home Requirements). Based on observation, interview, and document review, the facility failed to submit plans for the medical gas system(s) for review. Findings include: The facility expanded its medical gas (oxygen) system to accommodate for 33 residents who need to be sustained by electrical life support equipment.	Z5015		

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Z5015	<p>Continued From page 7</p> <p>The facility did not provide evidence the piped-in medical gas system conformed to Level 1 system evidenced by:</p> <p>1) Not submitting medical gas plans to the Bureau of Health Care Quality and Compliance (BHCQC);</p> <p>2) Not getting medical gas plans approval for the project from BHCQC; and</p> <p>The Maintenance Director and the Administrator indicated that they did not make efforts to contact the BHCQC regarding the expansion of the medical gas system(s) and resident services within the facility.</p> <p>2) (K106) NFPA 99, Essential Electrical System - Type 2.</p> <p>Based on observation, interview, and document review, the facility failed to submit plans for the emergency electrical system.</p> <p>Findings include:</p> <p>The facility had admitted and retained 33 residents who need to be sustained by electrical life support equipment (ventilator residents), requiring a Type 2 essential electrical system.</p> <p>Verification of the Type 2 requirements related to NFPA 99 could not be established due to the facility failing to:</p> <p>a) Submit electrical plans to the Bureau of Health Care Quality and Compliance (BHCQC); and</p> <p>b) Get electrical plans approval for the project from BHCQC.</p>	Z5015		

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Z5015	Continued From page 8 The Maintenance Director and the Administrator indicated that they did not make efforts to contact the BHCQC regarding the expansion of the medical gas system(s) and resident services within the facility. Severity: 2 Scope: 3	Z5015		
Z502 SS=D	NAC 449.74543 Compliance with Standards of Construction 3. A facility for skilled nursing shall be deemed to be in compliance with provisions of subsection 2 if: (a) The facility is licensed on January 1, 1999, the use of the physical space in the facility is not changed and there are no deficiencies in the construction of the facility that are likely to cause serious injury, harm or impairment to the public health and welfare; or (b) The facility has submitted building plans to the bureau before February 1, 1999, and: (1) The bureau determines that the plans comply with standards for construction in effect before December 11, 1998; (2) The facility is constructed in accordance with those standards; (3) Construction of the facility is begun before August 1, 1999; and (4) There are no deficiencies in the construction of the facility that are likely to cause serious injury, harm or impairment to the public, health and welfare. This Regulation is not met as evidenced by: The current edition of the American Institute of Architect, "Guideline for the Design and Construction of Hospitals and Health Care	Z502		

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Z502	Continued From page 9 Facilities" is the 2006 edition. This REG is not met evidenced by: Section 8.32 Emergency Nurse Call System. Based on observation, the facility failed to ensure that the residents could readily access the emergency nurse call system if lying upon the floor. Findings include: The Bureau of Licensure and Certification's interpretation is that the emergency nurse call system pull cords can be no greater than 18 inches above the finished floor (AFF). Pull cords tied or wrapped around grab bars make the use of the pull cord non functional. The below listed locations had the following emergency nurse call system problems: a) Resident Room #113 and #115 bathroom pull cord was 28" AFF. b) The Resident Bathroom in the Activities Room, its pull cord did not function. c) The Activities Room pull cord did not function. d) Resident Room #209 bathroom was missing its pull cord. Severity: 2 Scope: 1	Z502			
Z503 SS=F	NAC 449.74543 Compliance with Standards of Construction 4. Except as otherwise provided in subsection 5, a facility for skilled nursing shall comply with all applicable: (a) Federal and state laws;	Z503			

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Z503	<p>Continued From page 10</p> <p>(b) Local ordinances, including, without limitation, zoning ordinances, and</p> <p>(c) Life safety, environmental, health, fire and local building codes, related to the construction and maintenance of the facility. If there is a difference between state and local requirement, the more stringent requirements apply.</p> <p>This Regulation is not met as evidenced by:</p> <p>1) Backflow Protection</p> <p>Nevada Revised Statute (NRS) 444.350.1 Any construction, alteration or change in the use of a building or other structure in this state must be in compliance with the Uniform Building Code of the International Association of plumbing and mechanical Officials in the form most recently adopted by that association, unless the state public works board posts a notice of disapproval of any amendment to the Code Pursuant to subsection 5.</p> <p>NRS 444.350.5 The chairman of the state public works board or his designee shall review each amendment to the Uniform Building Code and approve or disapprove of the amendment for use in Nevada. if the chairman does not post a notice of disapproval within 30 days after an amendment is published, the amendment shall be deemed approved for this state.</p> <p>Uniform Plumbing Code (UPC) 602.3 No plumbing fixture, device, or construction shall be installed or maintained or shall be connected to any domestic water supply when such installation or connection may provide a possibility of polluting such water supply or may provide a cross-connection between a distributing system of water which may become contaminated by such plumbing fixture, device, or construction unless there is provided a backflow prevention</p>	Z503		

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Z503	<p>Continued From page 11</p> <p>device approved for the potential hazard.</p> <p>UPC 603.3.2 The premise owner or responsible person shall have the backflow prevention assembly tested by a certified backflow assembly tester at the time of installation, repair, or relocation and at least on an annual schedule thereafter or more often by the Administrative Authority. The periodic testing shall be performed in accordance with the procedures referenced in Table 14-1 by a tester qualified in accordance with those standards.</p> <p>UPC 603.4.18.3 Protection from Fire Systems. Where antifreeze, corrosion inhibitors, or other chemicals are added to a fire protection system supplied from a potable water supply, the potable water system shall be protected by one of the following: (1) Reduce pressure backflow preventer (2) Reduce pressure detector assembly</p> <p>This REG is not met as evidenced by:</p> <p>Based on observation, the facility failed to ensure that the potable water supply was adequately protected.</p> <p>Findings include:</p> <p>The facility had added a canopy over the front entry. The canopy was required to be protected with fire sprinklers due to the canopy's construction being built with combustible material. The facility chose to add an antifreeze loop as the method to prevent the fire sprinkler piping and sprinkler heads from bursting from the cold weather. The inclusion of the antifreeze loop to the fire sprinkler system requires a reduce pressure principle assembly at the utility</p>	Z503		

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Z503	<p>Continued From page 12</p> <p>connection due to the increase hazard (antifreeze) to the potable water supply. The facility does not have any backflow protection at the utility connection for the fire water supply line.</p> <p>This issue is a repeat deficiency.</p> <p>This issue was first identified 05/14/07, after the facility had installed a combustible canopy and accompanied fire sprinkler system without notifying and obtaining approval from the Bureau of Health Care Quality and Compliance (BHCQC). The added and decided upon fire sprinkler system for the canopy required backflow protection upgrade at the water utility connection. The facility had procrastinated in its response to provide a credible Plan of Correction (POC), resulting in another survey being conducted 12/18/08.</p> <p>The facility's submitted POC for the 12/08/08 survey was received 02/18/09, with an allegation to initiate compliance. A meeting and further dialog with the facility had been exchanged over the past several months with no forthcoming resolution from the facility as of 06/29/09.</p> <p>2) State Fire Marshal</p> <p>Nevada Revised Statute (NRS) 449.150 The health division may:</p> <p>1. Upon receipt of an application for a license, conduct an investigation into the premises, facilities, qualifications of personnel, methods of operation, policies and purposes of any persons proposing to engage in the operation of a medical facility or a facility for the dependent. The facility</p>	Z503			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z503	<p>Continued From page 13</p> <p>is subject to inspection and approval as to standards for safety from fire, on behalf of the health division, by the state fire marshal.</p> <p>This REG is not met as evidenced by:</p> <p>A) Gas and Vacuum Systems (Nursing Home Requirements).</p> <p>Based on observation, interview, and document review, the facility failed to ensure that the medical gas systems were in compliance with the requirements.</p> <p>Findings include:</p> <p>The facility expanded its medical gas (oxygen) system to accommodate for 33 residents who need to be sustained by electrical life support equipment.</p> <p>The facility did not provide evidence the piped-in medical gas system conformed to Level 1 system evidenced by:</p> <p>i) Not submitting medical gas plans to the Nevada State Fire Marshal Office (NSFMO). ii) Not getting medical gas plans approval for the project from NSFMO. iii) The facility has two medical gas panels, one located at the 100 Nurse Station and another located at the 200 Nurse Station. Both of these panels are located where continuous surveillance is available most of the time. It was observed that both of these locations did not have staff in attendance at all times. iv) The facility did not have a master panel located in the principle working area of the individual responsible for the maintenance of the</p>	Z503			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS146S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/10/2009
NAME OF PROVIDER OR SUPPLIER ST JOSEPH TRANSITIONAL REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 2035 W. CHARLESTON BLVD. LAS VEGAS, NV 89102		
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Z503	<p>Continued From page 14</p> <p>medical gas system(s).</p> <p>The Maintenance Director and the Administrator indicated that they did not make efforts to contact the NSFMO.</p> <p>The NSFMO was contacted by the Bureau of Health Care Quality and Compliance and the NSFMO did not have any record that plans have been submitted for review or approval.</p> <p>Note: The facility did get the system certified by a third party medical gas installer/tester to assure that the system was safe relative to his installation and testing.</p> <p>B) Essential Electrical System</p> <p>Based on observation, interview, and document review, the facility failed to ensure that the emergency electrical system was in compliance with the level of protection required.</p> <p>Findings include:</p> <p>The facility had admitted and retained 33 residents who need to be sustained by electrical life support equipment (ventilator residents), requiring a Type 2 essential electrical system.</p> <p>Verification of the other Type 2 requirements related to the essential electrical system could not be established due to the facility failing to:</p> <p>i) Submit electrical plans to the Nevada State Fire Marshal Office (NSFMO); and</p> <p>ii) Get electrical plans approval for the project from NSFMO.</p>	Z503			

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS146S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/10/2009
NAME OF PROVIDER OR SUPPLIER ST JOSEPH TRANSITIONAL REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 2035 W. CHARLESTON BLVD. LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z503	<p>Continued From page 15</p> <p>The Maintenance Director and the Administrator indicated that they did not make efforts to contact the NSFMO.</p> <p>The NSFMO was contacted by the Bureau of Health Care Quality and Compliance and they NSFMO did not have any record that plans have been submitted for review or approval.</p> <p>3) Local Approvals.</p> <p>a) Gas and Vacuum Systems (Nursing Home Requirements).</p> <p>Based on observation, interview, and document review, the facility failed to ensure that the medical gas systems were in compliance with the requirements.</p> <p>Findings include:</p> <p>The facility expanded its medical gas (oxygen) system to accommodate for 33 residents who need to be sustained by electrical life support equipment.</p> <p>The facility did not establish that the piped-in medical gas system conformed to Level 1 system by not providing evidence that the local building department had granted approval for the piped-in medical gas up-grade and expansion project.</p> <p>Note: The facility did get the system certified by a third party medical gas installer/tester to assure that the system was safe relative to his installation and testing.</p> <p>B) Essential Electrical System</p>	Z503			

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NAME OF PROVIDER OR SUPPLIER ST JOSEPH TRANSITIONAL REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2035 W. CHARLESTON BLVD. LAS VEGAS, NV 89102		
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Z503	<p>Continued From page 16</p> <p>Based on observation, interview, and document review, the facility failed to ensure that the emergency electrical system was in compliance with the level of protection required.</p> <p>Findings include:</p> <p>The facility had admitted and retained 33 residents who need to be sustained by electrical life support equipment (ventilator residents), requiring a Type 2 essential electrical system.</p> <p>Verification of the Type 2 requirements related to the essential electrical system could not be established due to the facility failing to:</p> <p>i) Submit electrical plans to the City of Las Vegas Building Department (CLVBD); and ii) Get electrical plans approval for the project from CLVBD.</p> <p>C) Master Panels</p> <p>Based on observation, the facility failed to ensure that the master medical gas panel was installed where required.</p> <p>Findings include:</p> <p>i. The facility has two medical gas panels, one located at the 100 Nurse Station and another located at the 200 Nurse Station. Both of these panels are located where continuous surveillance is available most of the time. It was observed that both of these locations did not have staff in attendance at all times.</p> <p>ii. The facility did not have a master panel located</p>	Z503		

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Z503	Continued From page 17 in the principle working area of the individual responsible for the maintenance of the medical gas system(s). Severity: 2 Scope: 3	Z503			

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